



## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).

## A PROBABLE (THIRD) CASE OF GONGYLONEMA HOMINIS INFECTION IN MAN.

By C. W. STILES, Chief, Division of Zoology, United States Public Health Service.

Ward <sup>1</sup> (1916) reported the first known case of *Gongylonema* infection in man. The patient was a 16-year-old girl in the practice of Dr. R. L. Covington, in Arkansas. The thread-like nematode was extracted from the lower lip. Later (1917) I reported <sup>2</sup> a second case of this parasitism. The patient was a 13-year-old girl in the practice of Dr. K. C. Clarke, of Bushnell, Fla. Here also the worm was taken from the lower lip.

In 1919 I heard of a patient in Georgia from whose mouth a small thread-worm was alleged to have been taken, and the possibility seemed present that this represented a third case of the same kind. Through the kindness of Dr. M. F. Haygood, of the Georgia State Board of Health, the worm was finally located in the possession of Dr. H. L. Akridge, of Sale City, Ga., who placed it at my disposal for examination. He gives the following data regarding the case.

"The patient, a woman about 50 years of age, came to my office complaining with sore throat. She gave a history of having had this trouble for about three weeks, and having had treatment from a throat specialist for a supposed pharyngitis. Upon examination I found an abrasion of the mucous membrane around the anterior pillar of the tonsil; this abrasion seemed to be healing, but near the angle of the jaw there was another abrasion which presented a rather pronounced hyperemic condition. This area was very sensitive to touch, and patient complained of tickling, pricking sensation at times. The areas were touched with 10 per cent silver nitrate solution and patient was given a mild antiseptic mouth wash; a purge of calomel was also given. About three days later she returned and complained of a soreness on other side of throat. An examination showed another abrasion similar to the previous ones but on the opposite side of mouth and about one inch anterior to the angle of the jaw. This time it was again touched up with silver nitrate and patient given a mouth wash containing a very strong solution of thymol. The next day she came back to office with the worm. She stated that she felt something like a thread with her tongue, and taking a mirror she was able to grasp the worm with the fingers and pull it out. At this time the worm was very active, and lived, after being placed in the vial of water, for several hours, perhaps longer."

Unfortunately, Dr. Akridge's specimen is not complete and it is quite macerated, so that only a few anatomical characters can be recognized. Much of the cuticle is destroyed, but by good fortune a fragment of the cuticle showed two of the "bosses" which characterize the head end of *Gongylonema*; further, the pharynx was preserved and thus permitted an exclusion of the *Loa* worm from consideration. A preanal structure which may be the vulva was made out rather

<sup>1</sup> Journ. Parasitol., vol. 2, pp. 119-125.

<sup>2</sup> Annual Report of the Surgeon General of the Public Health Service for 1918, p. 64.

indistinctly. The worm was approximately 35 mm. long. While the diagnosis of *Gongylonema* in this third case rests upon somewhat incomplete data, I believe it to be correct.

This third case is now recorded in order to emphasize the point that we have in the United States a parasitic infection of man which seemingly has a wide distribution (Florida, Georgia, and Arkansas) but which is rarely recognized.

The infection doubtless occurs through swallowing insects, perhaps croton bugs, *Aphodius*, *Blaps*, etc. Present evidence is to the effect that the presence of this worm produces an irritation with resulting nervousness, but evidence is lacking that it will cause any dangerous condition.

Similar (*Gongylonema*) infections are wide spread in cattle, sheep, mice, rats, etc.; and it is entirely possible, or probable, that the worm found in man is specifically identical with the form found in some other animal. This point remains *sub judice* until a sufficient amount of well-preserved material from man becomes available to establish the specific characters. In the meantime, in order not to confuse specific diagnoses and in order to avoid erroneous deductions as to life history, I suggest—on purely practical grounds—that the worm described and figured by Ward (1916) as "*Gongylonema* (?) *pulchrum*" be referred to as "*Gongylonema hominis* sp. dub." Although it is entirely possible that Ward is correct in his suspicion, rather than opinion, that the worm is identical with the species found in swine, there are good grounds for keeping the parasite nomenclatorially distinct until the point is definitely established.

---

## A NOTE ON THE COURSE OF PULMONARY TUBERCULOSIS MORTALITY SINCE 1914.<sup>1</sup>

The course of mortality from pulmonary tuberculosis during and since the World War exhibits variations that are of unusual interest. It is not yet possible to analyze the statistics in detail, for the reason that the data for 1919 and 1920 have not been completely tabulated, but such gross rates as we have are sufficiently suggestive to warrant preliminary presentation.

In the accompanying table are compiled the mortality rates per 100,000 living persons for the United States, England and Wales, the Dublin registration area, and Spain, by years, since 1914.

---

<sup>1</sup> From the Statistical Office, Field Investigations, United States Public Health Service.